

No. 2
-5-43
5-17-39
K36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31300

FILED OCT 7 1946
Registration District No. 217

Primary Registration District No. 2166

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood Mo. 421 So. Harrison
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
nil
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 72 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood 1
(If outside city or town limits, write "RURAL")

(d) Street No. 421 So. Harrison Av. 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Samuel T. Tyler

3. (b) If veteran, name war nil

3. (c) Social Security I No. nil

4. Sex Male 2 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie Tyler

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased: Jan. 2 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Franklin Co. Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Preacher

11. Industry or business nil

MOTHER FATHER { 12. Name ? Payton 9

{ 13. Birthplace unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Hannah Payton

{ 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Maud Tolbott

(b) Address 421 So. Harrison Kirkwood Mo.

17. (a) burial (b) Date thereof 10 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Ceme.

18. (a) Signature of funeral director J.C. Lewis

(b) Address 22 Euclid Webster Groves

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1946 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug 10 1946 to Sept 28 1946
that I last saw him alive on Sept 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Secondary

Due to _____

Due to 466

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Royal C. McLean M.D. (Other) _____

Address Kirkwood Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 31300Registration District No. 318Primary Registration District No. 3066

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME Samuel J Tyler3. (b) If veteran, _____
* name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color B 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased: Jan 2 (Month) (Day) (Year)8. AGE: Years 87 Months _____ Days _____ (Unless less than one day)9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)10. Usual occupation Teacher

11. Industry or business _____

12. Name Payton13. Birthplace Mo (City, town, or county) (State or foreign country)14. Maiden name Hannah Payton15. Birthplace Mo (City, town, or county) (State or foreign country)16. (a) Informant Maryel Zelbatt(b) Address 421 S Harrison, Kirkwood, Mo17. (a) _____ (b) Date thereof 10-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Father Decker Care18. (a) Signature of funeral director J. L. Kern(b) Address 22 Euclid Webster Home19. (a) 10-3-46 (b) Ruth Allen MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 421 S Harrison Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 28
Year 1946 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
StomachDue to Senility

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Raymond C McLean MD (M.D. or other)Address Kirkwood Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

MOTHER, FATHER

350

31300